

**§ 441.22 Nurse practitioner services.**

With respect to nurse practitioner services that meet the definition of § 440.166(a) and the requirements of either § 440.166(b) or § 440.166(c), the State plan must meet the following requirements:

- (a) Provide that nurse practitioner services are furnished to the categorically needy.
- (b) Specify whether those services are furnished to the medically needy.
- (c) Provide that services furnished by a nurse practitioner, regardless of whether the nurse practitioner is under the supervision of, or associated with, a physician or other health care provider, may—

- (1) Be reimbursed by the State Medicaid agency through an independent provider agreement between the State and the nurse practitioner; or

- (2) Be paid through the employing provider.

[60 FR 19862, Apr. 21, 1995]

**§ 441.25 Prohibition on FFP for certain prescribed drugs.**

(a) FFP is not available in expenditures for the purchase or administration of any drug product that meets all of the following conditions:

- (1) The drug product was approved by the Food and Drug Administration (FDA) before October 10, 1962.

- (2) The drug product is available only through prescription.

- (3) The drug product is the subject of a notice of opportunity for hearing issued under section 505(e) of the Federal Food, Drug, and Cosmetic Act and published in the FEDERAL REGISTER on a proposed order of FDA to withdraw its approval for the drug product because it has determined that the product is less than effective for all its labeled indications.

- (4) The drug product is presently not subject to a determination by FDA, made under its efficacy review program (see 21 CFR 310.6 for an explanation of this program), that there is a compelling justification of the drug product's medical need.

(b) FFP is not available in expenditures for the purchase or administration of any drug product that is identical, related, or similar, as defined in

21 CFR 310.6, to a drug product that meets the conditions of paragraph (a) of this section.

[46 FR 48554, Oct. 1, 1981]

**§ 441.30 Optometric services.**

The plan must provide for payment of optometric services as physician services, whether furnished by an optometrist or a physician, if—

- (a) The plan does not provide for payment for services provided by an optometrist, except for eligibility determinations under §§ 435.531 and 436.531 of this subchapter, but did provide for those services at an earlier period; and

- (b) The plan specifically provides that physicians' services include services an optometrist is legally authorized to perform.

**§ 441.35 Organ transplants.**

(a) FFP is available in expenditures for services furnished in connection with organ transplant procedures only if the State plan includes written standards for the coverage of those procedures, and those standards provide that—

- (1) Similarly situated individuals are treated alike; and

- (2) Any restriction on the practitioners or facilities that may provide organ transplant procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under the plan.

(b) Nothing in paragraph (a) permits a State to provide, under its plan, services that are not reasonable in amount, duration, and scope to achieve their purpose.

[56 FR 8851, Mar. 1, 1991]

**§ 441.40 End-stage renal disease.**

FFP in expenditures for services described in subpart A of part 440 is available for facility treatment of end-stage renal disease only if the facility has been approved by the Secretary to furnish those services under Medicare. This requirement for approval of the facility does not apply under emergency conditions permitted under Medicare (see § 482.2 of this chapter).

[43 FR 45229, Sept. 29, 1978, as amended at 51 FR 22041, June 17, 1986]